

FILED

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

NOV 13 2007 07050223 Return of Grievance or Correspondence

R3028

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Offender:

Last Name

First Name

MI

ID#

Facility:

07050223

☒ Grievance (Local Grievance # (if applicable):

or

☐ Correspondence

Received:

Date

Regarding:

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____
Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by:

Print Name

Signature

Date

Distribution: Offender; Inmate Issues

DOC 0070 (10/2001)
(Replaces DC 710-1274)

Date: <u>1-10-07</u>	Committed Person: <u>Henson</u> <small>(Please Print)</small>	ID#: <u>N-70390</u>
Present Facility: <u>Pinckneyville</u>		Facility where grievance issue occurred:

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Disability Pursuant to
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input checked="" type="checkbox"/> Other (specify): <u>Americans</u>
<input type="checkbox"/> Transfer Denial by Facility	<input checked="" type="checkbox"/> Transfer Denial by Transfer Coordinator	<u>with disabilities Act</u>	

☐ Disciplinary Report: _____
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if **EMERGENCY** grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: In addition to Facts Stated in 12-14-06 grievance to A.R.B. Re. Same above indicated nature(s), I'm Herein Stating more recent related facts, occurrences Subsequent to Such Transfer denial and inappropriate placement in Facility where I am. On Nov. 28, 2006 I was Placed in seg. and wrongfully punished via. Kangaroo court type methods I'm Sure you'll become aware of soon - not directly relevant here, but the results are, along with my chief complaint noted in preceding 12-14-06 correspondence. The following facts will explain that I'm in a facility with a warden with staff who don't/can't care for someone like me: See reverse

Relief Requested: Appropriate placement, (Page 2)
A formal A.R.B. Hearing if necessary so I can
Present facts written herein please

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

James Henson N-70390 1, 11, 07
Committed Person's Signature ID# Date
 (Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
<div style="display: flex; justify-content: space-between;"> Print Counselor's Name Counselor's Signature Date of Response </div>		

EMERGENCY REVIEW	
<p>RECEIVED</p> <p>Date Received: <u>JAN 18 2007</u></p> <p>OFFICE OF INMATE ISSUES</p>	<p>Is this determined to be of an emergency nature?</p> <p><input type="checkbox"/> Yes; expedite emergency grievance</p> <p><input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.</p>
<div style="display: flex; justify-content: space-between;"> Chief Administrative Officer's Signature Date </div>	

(a special needs inmate). What you read is based on documented fact, can be supported with witnesses: (nurses, seg. officer). I'm only using medical matters aspect as example of misplacement pursuant to the A.D.A. because others like myself get the treatment center placement they need and I'm not. I'll grieve med. matters differently.

On Oct. 31, 06 Physician's Asst., Gary Gerst increased my dilantin (Seizure med.) dosage without any E.E.G., M.R.I., or blood work info. while knowing I was stable and suffering from the med's. Side affects already, along with my other med. Side affects. On 11-28-06 after taken to seg. I was denied all of my medication and the officers did nothing to protect my rights. On 11-29-06 I wrote the warden an emergency grievance because of the uncontrolled seg. noise environment (worse than Pontiac), but he denied the Emergency factor leaving me not enough time for a needed timely remedy. I re-wrote the same as non-emergency with still no response. Subsequently I had nervous breakdowns and began hearing voices again and did for a while. On 12-21-06 a Shrink finally answered my requests, saw me, put me on ^{suicide} watch, and ordered another additional medication. Still hasn't checked up on me. On 12-21-06 my dilantin packets were taken from me by the seg. guards, and subsequently had a seizure late Christmas night, I told a % Jones as soon as I could (@ 12:20 Am) explaining my symptoms: Dazed, Confused, Side of head/face numb, and that I had no dilantin for many days. Jones called a nurse and told me a nurse said "He already got his meds" and it was left at that; no medical staff even saw me then, or even noted/followed up on the occurrence. I should have immediately had at least an E.E.G., but in fact never had one here at all. % Jones didn't protect my rights by acting to get me help after I told him I didn't have dilantin for many days since placed on watch, I didn't even get dilantin after Jones and nurse were aware. For over a week I kept telling staff I wasn't getting dilantin with no result. Jones told me the nurse said to "Put in a sick call" which I couldn't do until I was taken off watch on the 26th after therapist, Wallace got back from vacation. Then I was allowed a pen to write a Sick call, but still didn't get dilantin until after released from seg. on Dec. 28. I got dilantin packets again on 29th. I went 8 days without. I'm including the not substantiated 11-29-06 Form at risk of misplacement only, but without other original forms mentioned in related 12-14-06 mailed to A.R.B., impending Psych. transfer Notice, Evaluations by my own Psych. with G.A.F. of 30, forms showing I'm being charged money for followup medical care - only because for since I've been here, my requests for copies have been ignored. I want you to have them without risk of ~~loss~~ inadvertent loss.

See Page 3

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE (Continued)

Notice 11-8-06 factor indicated by Pontiac Counselor, Russell on 9-29-06 form enclosed only as example, and I ask you why and how can this factor be disregarded at this facility?

Maybe Dixon C.C. won't have me because a % there beat me up. At the Dixon transfer hearing I could see that matters were being swept under the rug by the S.T.C. Administrator and Dr. Weiner who said nothing was psychologically wrong with me, stating my diagnosis was "Poly Substance abuse," - even though the only drugs I ever had were prescribed by a Psych. - and "Anti Social Personality" - which before Dixon was treated as "Social Anxiety disorder" (A Serious illness which in itself makes me a special needs inmate patient) - Weiner stated simply in summary "You're an asshole" before they discussed in front of me "The worse place to send me" (Pinckneyville), but I've still been on mood control, depression, and Anxiety meds. that I can't function without, And who are they now to assume ~~me~~ After a whole year I'm not doing worse than ever - I am - without respecting Pontiac's Professional's recommendations, herein noted factors, and what I've been through since my 3-15-06 Parole to the streets of Rockford (illegal) where my Records Re. Dixon occurrences were destroyed while walking the streets, freezing in a wet Snowstorm after this Prison put me on a bus to the wrong City (Elgin, IL), witnesses can verify like I already stated. AS to Dixon Occurances; I mailed you a Grievance. This Prison won't Give/Sell me copies.

I can prove with documents and witnesses that I did my best in Rockford and my home area (McHenry county) to cope on my own initiative: Homeless shelters, D.H.S., Soc. Security, Housing authority, Churches, County Jail ministry, legal advocats, counselor, caseworker, doctor Appts. I drove myself to panic attack and nervous breakdown.

If I'm not Placed in a treatment center I'll only become worse like I gradually have been over years. This Place is and can only make me worse. It already has. I don't have much time, I want help now. I'm not to the point of no return, I know I'm not, but I'm too close. Please help me. I'll be worth it.

If Dixon won't have me IL River at least had a med. wing with really good care/Staff. It's better than this at least. People like me just don't get better here.

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

Distribution: Master File; Community Relations

Page 1

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date: <u>11-29-06</u>	Committed Person: <u>Henson</u> <small>(Please Print)</small>	ID#: <u>N-70390</u>
Present Facility: <u>Pnk</u>	Facility where grievance issue occurred: <u>Pnk</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input checked="" type="checkbox"/> Other (specify): <u>Placement.</u>
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		

☐ Disciplinary Report: _____
Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
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 Chief Administrative Officer, only if **EMERGENCY** grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I'm a Psych Patient. I have a Seizure disorder. I take 3 medications for my illnesses. I was Put in 5-B-27 last night. my neighbors in cell 5 26 and 28 yell like crack babies untill 3:00 Am and Stated they will continue to do it deliberately so I won't sleep after I asked them to keep it down. If I'm kept awake in this way after I take my meds. I will experience Seizures, Anxiety Attacks, panic Attacks, Suicidal thoughts, etc.... my disability Should be taken into consideration with my placement. I can't live here.

Relief Requested: Please move me to a Smaller seg. unit / Quieter after P.m. med. time

☒ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Committed Person's Signature

ID# N-70390 Date 11.29.06

(Continue on reverse side if necessary)

Counselor's Response (If applicable)		<u>Resubmitted and returned</u>
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, 9515 Springfield, IL 62794-9277
Response: _____		

RECEIVED

JAN 18 2007

OFFICE OF
INMATE ISSUES

Print Counselor's Name

Counselor's Signature

Date of Response

Date Received: <u>12.1.06</u>	Is this determined to be an emergency nature? <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 100px; margin: 0 auto;"> 1234567 DEC 2006 RECEIVED PINCKNEYVILLE C.C. WARDENS OFFICE </div>	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature		_____ Date <u>12.4.06</u>

Emergency
Emergency

RECEIVED
FBI
NOV 14 2007
FBI STATION

1251327

John F.